Larama



[CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061]
[Insurance Nomination form- June 2024]

Form of I	Nomination for I	Death Insurance for CT	0.5
I_ R. da		and another tor CI	CEmployees
1700	8	/d/w/a_Saiin	d Showed bearing the hereby nember(s) of my formal
CNIC # 1+301-13	2,2,109-1.	000	bearing
nominate the person/ n	erconc mani	_ working as	H. W
beneficiary(ies) to receive t	he dooth:	below who is/ are n	hereby hereby as
beneficiary(ies) to receive t	ne death insurance	e amount (sum assured) in	the event of my death
	(F	First choice)	of my death.
Name of Name		not choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	
Nonunees		r Stare	Contact Number
Sajjad Ihmed			
Son Anmed	Husband	100%	4 516 576- 1
			0315-5757884
	(In case of don't		
	(art case of death of	f first choice) - 2nd Option	
Name of Nominee/	Relationship	Specification - (C)	
Nominees		Specification of Share	Contact Number
1.0			
LANGA NIONE	Davidson		
Jose Mook	semily 100	700%	2316-3527593
I hereby contict 1 d			33.2.3
I hereby certified that the above me.	re noted member(s)	of my family mentioned a	aro rachelles d
nie.		y dittolled a	de wholly dependent upon
The earlier nomination made	h		
The earlier nomination made	by the (if any) may	kindly be treated as cance	elled and of no effect
			or o
DATED:		SIGNATURE OF THE	UMB IMPRESSION OF
DATED:		THE FM	IPLOYEE
22/8/21		C . 10	LOTEE
TOTAY		Ridy	